



Registration Application for Single Family Rental Property

☐ Initial Application ☐ Renewal Application with updates

Incomplete or non-legible applications will be returned.

Property Information

Address: _____ Unit #: _____

Parcel #: _____ # of Stories: _____ # of Bedrooms: _____

Required Information by ordinance: *Name, complete address (where you live or work), working phone number.*

The information below helps us to contact you or your representative more quickly of potential code related matters. The property owner is responsible for all violations on the property. The City's goal is to be able to contact you quickly when there is a problem so that you have time to address the matter with the tenant before enforcement action is taken.

Property Owner Information (Required)

Name		Type <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Other	
DOB	Drivers License Number	DL Issuing State	
Address (No P.O. Boxes)		City	State Zip
Home Phone <input type="checkbox"/> or	Work Phone <input type="checkbox"/>	Cell Phone <input type="checkbox"/>	Fax
Email <input type="checkbox"/>			Please indicate by <input checked="" type="checkbox"/> which method you prefer to be contacted

Management Company, Operator, Agent or Contact Person (If Used)

Name		Type <input type="checkbox"/> Management Company <input type="checkbox"/> Operator <input type="checkbox"/> Agent <input type="checkbox"/> Local Contact Person	
Address		City	State Zip
Home Phone <input type="checkbox"/> or	Work Phone <input type="checkbox"/>	Cell Phone <input type="checkbox"/>	Fax
Email <input type="checkbox"/>			Please indicate by <input type="checkbox"/> which method you prefer to be contacted

- I hereby certify that all information has been reviewed and is complete and correct.
- I understand that this registration is not transferable to another person or entity.
- I understand that any changes must be reported within 7 days
- **I hereby certify that the single family rental property that is the basis of this application is equipped, as of the date of this application, with smoke detector devices that are in proper working order with a minimum of one per floor and in each sleeping area.**

Owner or Agent Signature

Title

Date

City of Frisco · George A. Purefoy Municipal Center
6101 Frisco Square Blvd · Frisco · Texas · 75034
Fax (972) 292-5388